



Lake Livingston Telephone Company

229 Stevens Lane Livingston, TX 77351

Phone: 936-566-4000 Fax: 936-566-5300

REDACTED - FOR PUBLIC INSPECTION

June 30, 2014

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Connect America Fund, WC Docket No. 10-90, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find Lake Livingston Telephone Company's high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

Lake Livingston Telephone Company is filing certain financial information, reported pursuant to 47 CFR § 54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, Lake Livingston Telephone Company requests that the non-redacted version of its submission be withheld from public inspection.

Lake Livingston Telephone Company is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, Lake Livingston Telephone Company offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought:* Lake Livingston Telephone Company seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1),
- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:* Lake Livingston Telephone Company is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.
- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:* Lake Livingston Telephone Company considers the information to be highly

sensitive in that it contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

- *Explanation of the degree to which the information concerns a service that is subject to competition:* Lake Livingston Telephone Company provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* Lake Livingston Telephone Company makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:* The information is not publicly available.
- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure:* Lake Livingston Telephone Company requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted:* None.

Accordingly, Lake Livingston Telephone Company requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,



Attachment

cc: Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W., Room 5-A452
Washington, DC 20554

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	442104
<015> Study Area Name	LAKE LIVINGSTON TEL
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Terry Gentle
<035> Contact Telephone Number: Number of the person identified in data line <030>	9365664000 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	tgentle@livingston.net

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
---	---

(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> ← check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">442104tx510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">442104tx610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">442104tx1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input checked="" type="radio"/> (yes / no) <input type="radio"/> (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

442104tx112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input checked="" type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input checked="" type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input checked="" type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input checked="" type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input checked="" type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input checked="" type="checkbox"/>

**(200) Service Outage Reporting (Voice)
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

<910>	Tribal Land(s) on which ETC Serves	
-------	------------------------------------	--

<920>	Tribal Government Engagement Obligation	
-------	---	--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net



<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)



<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentile
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentile@livingston.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<https://www.puc.texas.gov/consumer/lowincome/assistance.aspx>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

**<1221>** Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,**<1222>** Details on the number of minutes provided as part of the plan,**<1223>** Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LARE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentile
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentile@livingston.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentile
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentile@livingston.net

CHECK the boxes below to note compliance on its two year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.319(f)(2). Further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information
(3010)		
(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input type="checkbox"/>
(3015)	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requirements: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
(3018)	If the response is no on line 3014, is your company audited?	<input type="checkbox"/>
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter issued by the Independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	<input type="checkbox"/>

442104cx3026.pdf

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	442104
<015>	Study Area Name	LAKE LIVINGSTON TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035>	Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	442104
<015> Study Area Name	LAKE LIVINGSTON TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Terry Gentle
<035> Contact Telephone Number - Number of person identified in data line <030>	9365664000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tgentle@livingston.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Josh Fondren</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Josh Fondren</u>
Name of Reporting Carrier:	<u>LAKE LIVINGSTON TEL</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/26/2014</u>
Printed name of Authorized Officer:	<u>Stephen Blount</u>
Title or position of Authorized Officer:	<u>President</u>
Telephone number of Authorized Officer:	<u>9365664000 ext.</u>
Study Area Code of Reporting Carrier:	<u>442104</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>LAKE LIVINGSTON TEL</u>
Name of Authorized Agent or Employee of Agent:	<u>Josh Fondren</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/26/2014</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Josh Fondren</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>9183769901 ext.</u>
Study Area Code of Reporting Carrier:	<u>442104</u> Filing Due Date for this form: <u>07/01/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

442104

LAKE LIVINGSTON TEL

2015

Terry Gentle

```
line <030>
```

line <030>

1/1/2014

1/1/2014

1/1/2014

1/1/2014	
----------	--

[illegible]

FCC Form 481
OMB Control No. 3050-0986/OMB Control No. 3050-0819
July 2013

tgentle@livingston.net

[illegible]

Lake Livingston Telephone Company, Inc. (SAC 442104)
Initial Five Year Service Quality Improvement Plan
For the Calendar Years 2015-2019
Per 47 CFR § 54.313(a)(1) and 54.202(a)(1)(ii)

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

Lake Livingston Telephone Company, Inc. (SAC 442104)
Initial Five Year Service Quality Improvement Plan
For the Calendar Years 2015-2019
Per 47 CFR § 54.313(a)(1) and 54.202(a)(1)(ii)

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

LAKE LIVINGSTON TELEPHONE COMPANY – SAC 442104

FCC Form - Program Year 2015

Line 510

COMPLIANCE WITH SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES - §54.313(a)(5)

Lake Livingston Telephone Company (“Lake Livingston” or “the Company”) complies with all applicable service quality standards and consumer protection rules as required by the Public Utility Commission of Texas (“PUC”) and the Federal Communications Commission (“FCC”).

The rates, terms and conditions under which the Company operates are identified in its Local Exchange Tariff, which is approved by the PUC. The Company’s tariff contains provisions regarding its customer service and protection practices, including resolving customer disputes, applying for, refusing, disconnection and cancellation of service. Rates and terms of service are disclosed to customers upon application for service as part of a packet of information for new customers.

Service quality standards are established by the PUC and Lake Livingston consistently meets or exceeds those requirements. The Company provides quarterly reports to the Texas PUC pursuant to the commission’s rules.

The protection of its customers’ privacy and information is a constant part of Lake Livingston’s quality of service. The Company has a policy and operating procedures that comply with the FCC’s Customer Proprietary Network Information (“CPNI”) rules (47 C.F.R 64.2001 – 64.2011). Certification of Lake Livingston’s compliance with the FCC’s CPNI rules is filed with the FCC annually.

Lake Livingston Telephone Company (SAC 442104)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR § 54.313(a)(6)

Form 481, Line 610

Lake Livingston Telephone Company (LLTC) is an incumbent local exchange carrier operating in the state of Texas, and is an eligible telecommunications carrier (ETC) designated by the Texas Public Utilities Commission (TPUC). As such, LLTC is subject to the regulatory authority of the TPUC and operates under the relevant rules and laws of the state of Texas.

LLTC is subject to TPUC rules regarding the ability to remain functional in emergency situations by (1) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power, (2) establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

LLTC has 2 fixed generators at the Central Office. LLTC also has 6 portable generators capable of providing the required level of backup power, and that can be deployed as necessary to LLTC's switching and remote sites. LLTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, LLTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

Lake Livingston Telephone Company (SAC 442104)

Statement Regarding Voice Rate Comparability

47 C.F.R. § 54.313(a)(10)

Form 481, Line 1010

Lake Livingston Telephone Company is a rural, rate of return regulated incumbent local exchange carrier operating in the state of Texas, and is an eligible telecommunications carrier (ETC) designated by the Texas Public Utilities Commission (TPUC). As such, Lake Livingston Telephone Company is subject to the regulatory authority of the TPUC and operates under the relevant rules and laws of the state of Texas.

Lake Livingston Telephone Company hereby certifies that the pricing of its voice services is no more than two standard deviations above the national average urban rate for voice service, \$46.96, as specified in the March 20, 2014 Public Notice issued by the Wireline Competition Bureau of the Federal Communications Commission.

Lake Livingston Telephone Company's residential voice service rates, including state fees and the federal subscriber line charge (SLC) are as follows.

Monthly rate for Lake Livingston exchange is \$20.97.

Average monthly rate is \$20.97.

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY
FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY
FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION

REDACTED IN ITS ENTIRETY

FOR PUBLIC INSPECTION